

Effects of AIDS Education on Police Officers' Perceptions of Risk

In a recent survey of law enforcement personnel, 94 percent of patrol officers reported being concerned about exposure to the human immunodeficiency virus (HIV) (1) while dealing with persons who engaged in biting, spitting, and other assaultive behaviors that have not been shown to be transmission risks.

According to another study, people who rated themselves knowledgeable about acquired immune deficiency syndrome (AIDS) feared it the least (2). In a study of persons in three major cities, there was a significantly negative correlation between general fear concerning AIDS and factual information. (3).

If law enforcement personnel take certain precautions based on Occupational Safety and Health Administration guidelines (4) (for example, use disposable latex gloves, use body bags with deceased persons, and practice caution when handling hypodermic needles and other sharp objects), they can minimize the risk for HIV infection. To enable law enforcement agencies to prepare officers to react to persons who may be infected with HIV, an educational program was developed by Northwestern University's AIDS Education Project.

Although it was specifically directed to law enforcement officers, the underlying principle—that accurate knowledge serves to lessen unnecessary fear about HIV transmission—seems valid for other persons whose occupations might put them at risk and for communities concerned with this public health problem (5,6). In addition, law enforcement personnel are valuable educational resources; in their highly visible roles, they can influence community responses to HIV-infected persons.

Methods

Subjects were 728 police officers from a large urban department who attended AIDS education training in groups of about 50 persons between August and December 1987. Their mean age was 45.1 years (SD = 9.1).

More than three-quarters were male, most were married (72 percent), and 67.9 percent reported that they were Roman Catholic. More than half of the officers had some college (58.1 percent) or had a college or advanced degree (22 percent). Nearly half (49.6 percent) had spent more than 15 years on the police force. A comparison group of 39 officers did not differ on demographic variables.

Before each training session, officers completed questionnaires requesting demographic information, knowledge about AIDS, and estimates of perceived risk of infection (7). Immediately following the session, officers were asked to answer the questionnaires a second time. Factual knowledge questions included data from the scientific literature on AIDS. Questions pertaining to perceptions of risk were drawn from both a preliminary survey of 451 officers, who did not differ demographically from those in training, and the results of focus groups conducted with police.

That original survey of the 451 officers revealed that police were "very concerned" (most extreme score on a 5-point scale) about being involved with a potentially infected person through needle stick injuries (97 percent), being bitten (96 percent), resuscitating an unknown unconscious person (90 percent), being spit upon (82 percent), subduing (70 percent), searching (69 percent), arresting (54 percent), handcuffing (51 percent), processing an arrestee (42 percent), transporting (42 percent), and being in the same room with an HIV infected person (36 percent). Moreover, more than 90 percent of the officers wanted more information about the HIV antibody test and transmission modes.

A combination of slides, videotape, lecture, and a question and answer period was used in the training sessions. Slides enhanced the presentation of information on the nature of the virus, categories of infection, modes of transmission, and specific risks and precautions. They highlighted national and local epidemiologic data.

Videotapes helped the audience to appreciate more fully that people such as themselves can have AIDS. Tapes reinforced lecture material and modeled safe behaviors (for example, talk-

ing or shaking hands with an infected person).

Because the subject material was sensitive and potentially frightening, the presenters repeatedly reassured the audience. We found that many officers were eager to understand AIDS, once the presenter created a safe environment to stimulate questions. A discussant's matter-of-fact and open attitudes about sexual behaviors pertaining to the disease can lessen the audience's anxiety about asking questions that are personally important. The discussant also can present new and updated findings that were not part of the video or slide presentation.

Audiences were encouraged to ask questions during the presentation. In addition, providing paper so that police officers could write questions further encouraged inquisitiveness, protected anonymity, and reduced anxiety. A common finding, however, was that officers were more comfortable asking questions individually during breaks. Therefore a presenter was available during these times. Also on hand was an expert on police policies regarding HIV antibody testing and on the department's procedures if an officer was exposed to the virus.

The program was presented in one 90-minute session. Handouts included the "Surgeon General's Report on Acquired Immune Deficiency Syndrome," addresses and phone numbers of local health services (specifically for persons with AIDS-related concerns), and HIV policy statements from the law enforcement agency.

Results

The majority of the officers (62.2 percent) reported their primary information source on AIDS as newspapers or magazines; 167, or 22.9 percent, listed health professionals as their primary source; and 86 (11.8 percent) reported other police officers as their sources.

Chi-square results indicated increases in accurate knowledge ($P < .01$) about the sex of most AIDS patients, about body fluids with low concentrations of HIV, about cross-cultural differences in prevalence, about lack of spread through casual contact, and

about modes of transmission, ethnic differences, and the course of infection.

The education program was associated with marked reductions ($P < .001$) in perceived risk of HIV transmission for each situation assessed; for example, arresting a prostitute, searching a seropositive suspect, and interrogating a person with AIDS. Police also gained confidence ($P < .001$) about their perceptions of risk on post-test (9 = very confident; 1 = not at all confident).

Pre- and post-training questionnaires on AIDS were also answered by a comparison group of officers attending unrelated 90-minute seminars on surveillance safety. A significant ($P < .001$) group \times time interaction for total perceived risk across all items indicated that the AIDS training sessions did indeed reduce participants' perceptions of risks for infection. Analyses of responses about individual risk items showed that only for two plausible or known risks of transmission—being stuck with a hypodermic and providing first-aid to a bleeding person—were there no significant reductions of anxiety.

Discussion

This educational program suggests that benefits can occur when specific factual information about risks and precautionary measures are discussed. Officers not only learned more about the epidemiology, transmission routes, and safety precautions concerning HIV but, perhaps more importantly, some of their perceptions of risk were appropriately altered. Another ramification is their potential to influence positively members of their communities. In addition, police regularly come into contact with persons at risk (for example, prostitutes and drug abusers), and can convey important health resource information.

Officers also expressed appreciation that the department adopted a proactive stance: education before any job-related exposure incident. Further, the program decreased their concerns over what explicit measures to take and the responsibility the department assumed if an officer reported an exposure.

Although specific results cannot be generalized to other communities, the short-term value of tailored AIDS training is supported.

Since the program began, no incidents of failure to perform duties or prejudicial behavior towards "suspected persons at risk for HIV" have been reported. At the same time, the department's leaders appear satisfied that the policy and procedures for officers who are concerned about possible HIV exposure are working.

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Drug Abuse Issues at Work Topic of HHS Videotape Series

To educate employers and employees about the issues of drug abuse, a series of four videotapes have been released by the Department of Health and Human Services. The tapes were developed to help establish and promote programs that address drug abuse problems in the workplace.

In releasing the series, Health and Human Services Secretary Louis W. Sullivan, MD, said, "Drug abuse affects all aspects of American life. It threatens the home, the school, the community, and certainly the work-

place. This videotape series will help companies reach employees and their families with drug abuse prevention and intervention programs."

The series is designed to help establish drug-free workplace programs that include policy development, supervisor training, employee education and assistance, and drug testing. The videotapes can be shown separately or as part of the series.

Drugs at Work describes the costs of drug use for the workplace, the individual, and the public, and examines actions being taken by the public and private sectors. This video won a Council on International Nontheatrical Events (CINE) Golden Eagle award and has represented the United States in international film festivals.

Getting Help presents detailed information about the role of Employee Assistance Programs in getting drug-using employees into treatment and in educating the workforce about drug abuse.

Drug Testing: Handle With Care describes the options available in designing a drug testing component as a part of a comprehensive drug-free workplace program.

Finding Solutions describes successful prevention and education programs in the workplace.

The videotapes are available on loan from the National Clearinghouse for Alcohol and Drug Information, P. O. Box 2345, Rockville, MD, 20852, (301) 468-2600, or for purchase from the National Audio Visual Center, Customer Service Section, 8700 Edgeworth Dr., Capital Heights, MD, 20743, (301) 763-1896.

Other initiatives of the Department's National Institute on Drug Abuse concerning drug abuse in the workplace include a certification program for laboratories performing drug tests of Federal employees; the operation of a national toll-free helpline, 1-800-843-4971, established to answer questions and provide technical assistance to companies on developing and implementing a comprehensive drug-free workplace program; and a "Drug Abuse Curriculum for Employee Assistance Program Professionals," developed to enhance the quality of EAP services to drug-abusing clients.